

Bidder Name: Magellan

## 2009 Iowa Plan RFP Bid Evaluation Scoring Tool

### TECHNICAL COMPONENT

#### 7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N?

7A.2.2 Enrollees 65 and Older	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.2  1. Did the bidder describe the experience it has in treating individuals aged 65 and older? <ul style="list-style-type: none"><li>Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older?</li><li>Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it?</li><li>If there are any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective?</li><li>Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective?</li></ul>				

mention many states & areas of country  
but ~~not~~ specific only to 3: Texas -  
Penn - Tenn

Put a lot of credit on the  
existing network - this can be  
a plus or minus -  
targeted comm. plan

Strength 1. Use of specialized geriatricians

2. Screen for depression - ~~not~~ ~~not~~

3 Iowa Stats -

4 primary care coordination

5. Presenting at conf. on Aging

6. Use Univ. of Ia Center on Aging for Training p. 8

7. Senior Connect Info Line

8. like peer support specialists

Weakness 1. Senior Connect p. 8 why a new program instead of using  
something that worked in other states

2. Not sure the wireless connection is the  
over

Honor out of network providers  
for 30 days pill

best for Seniors - esp text based  
messages - most seniors don't use  
a home PC for this population  
is not very likely p. 9

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<p>√7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction   <u>Meets</u>   Partially Meets   Fails to Meet</p>
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions</p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions</p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system</p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation</p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system)</p> <p>2. Are the strategies appropriate and are they likely to be effective?</p> <p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> <li>• emphasize honoring Eligible Persons' choice of service provider,</li> <li>• promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and</li> <li>• demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery?</li> </ul> <p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p>training across all conditions gave examples of existing coordination of integrated programs predictive modeling p.19- jail program isn't accurate Sioux City West- what happen with other 2 outcomes p.18 Prarieview p.16 shows 300 people served but no outcome data Currently have co-occur Round table which they will continue then add a co-occur advisory committee - p.16 <del>p.20 corrections consult line good idea, but why just mch issues</del></p>

Strength

1. gave examples + new initiatives for each population.
2. ~~CPCs~~ a part of coordination
3. Enhance peer support training
4. New school partnerships.

Weakness

- ① Sioux City West 2 primary outcomes school attendance proficiency not addressed - also Prarieview No outcome data
- ② Jail based tx not accurate
- ③ Lot of meetings (Round table - advisory) now going - over

Weak

4. Corrections Consult ~~line p. 20~~ why just  
address m h issues?

5. Most of ~~examples~~ were Iowa based  
With a few in other states

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√7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services (Sections 4.A.2 and 4.B.2 of the RFP)	Sub-Section Score (circle one):
	Meets With Distinction <u>Meets</u> Partially Meets    Fails to Meet
<p>1. Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?</p> <p>2. Does the bidder's proposal describe in detail the model it proposes to implement?</p> <p>3. Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?</p> <p>4. Does the response specifically identify the bidder's approach with respect to:</p> <ul style="list-style-type: none"><li>• Contractor interactions with Eligible Persons?</li><li>• service system planning and design?</li><li>• provider adoption of a rehabilitation, recovery and strength-based approach to services?</li></ul> <p>5. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>ta was mainly exp in mh p.24</p>

p.25 Strength

1. wraparound tool used in AZ
2. will employ consumers
3. internal & external training
4. Needs assessment with community p.24
5. web based & telephonic coaching with peer support p.29

Weakness

- ① Number of experiences in develop peer support services but almost all only in mh
- ② Didn't grasp the overall concept of ~~peer~~ recovery services - employment, etc.
- ③ Lot of committees (war)

4. Lot of it seems to rely on community reinvestment funds instead of changing existing system of care
- 5.

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7A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.5.a)</p> <ol style="list-style-type: none"> <li>Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care? <i>6 areas noted &amp; then described -</i></li> <li>Does the description include: <ul style="list-style-type: none"> <li>how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning?</li> <li>descriptions of instances in which the bidder has successfully employed such strategies under other contracts?</li> </ul> </li> <li>Is the bidder's proposed approach appropriate and likely to be effective?</li> <li>Do the cited examples of experience demonstrate working knowledge that will benefit Iowa?</li> </ol>	<p><i>P. 32 talks about taking feedback seriously &amp; work with providers to address concerns - how did they address concerns</i></p> <p><i>Self Directed Care</i></p> <p><i>NIATx</i></p> <p><i>Nothing Real New</i></p>
<p>7A.2.5.b)</p> <ol style="list-style-type: none"> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care?</li> </ol>	

① p 32 Strength - active engagement - sited study

② Showed good data on welcome environment

p.34 ③ wrap around fidelity tool showed effectiveness

p.35 ④ Real time outcome reporting with web based platform - but what was data?

p.35 ⑤ Outcome Rate Scale -

⑥ Self Directed Care

Weakness ① most examples mH only

② Hard to tell if examples will work with SA.

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7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>√7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do?</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective?</p>	<p>existing network &amp; then implement new services Consumer Feedback Provider subcommittee will help p 38 Network Strategy comm. <del>did address go occur, but not sure if included</del></p>
<p>√7A.2.6.b)</p> <p>1. Does the analysis include an identification of service gaps and the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid?</p> <p>3. Were any major gaps of which the evaluator is aware missed?</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p>	<p>using fed qualified health centers</p> <p>plan to have some services in place PRIOR to Jan 1-2010 p 40</p>
<p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline?</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> <li>Level I Sub-acute Facility services delivery?</li> <li>24 hour mental health stabilization services?</li> <li>Substance abuse peer support/recovery coaching?</li> </ul> <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>	<p>Subacute in all regions by 11-09 - States historical &amp; this Not popular - so will do outreach &amp; training to have them understand - why didn't they do this before? Mh stabilization - menu of services in place by 11-09</p>

if they can get it in place by 11-09 why didn't they do it before?

Substance Abuse - Using a mh expert to develop - why not so -  
lots out there & the model is diff - are looking at age w/  
older too - did link to AZ experience but no data just verbiage -  
inaccurate info p 42 lists 7 programs that are obtaining experience  
under ATR - as of 4-1 no one is providing one (over)



Keduk Area Hospital is not even an ~~area~~ ATR  
PRovider

Gap Analysis - little confusing one area says  
designed to meet needs of indiv. community as  
~~opposed to regional~~ but then table is by  
~~region p. 43~~ can't tell how they figured  
out what areas to target

they have provided timetable for #6 but  
~~p. 43 Service gap has no timetable~~  
~~gone~~

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7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>✓ 7A.2.6.c)</p> <p>1. Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff? <u>yes</u></p> <p>2. Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate? <u>no</u> <u>5 bulleted guidelines</u></p> <p>5. Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa? <u>yes</u> <u>no</u> <u>outcomes</u></p>		<p><u>gave good examples with data &amp; stories</u>  <u>talk about Flex Funds</u>  <u>but examples in other states no</u>  <u>outcomes</u></p>		
<p>7A.2.6.d)</p> <p>1. Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan? <u>p. 48</u></p> <p>2. Is the bidder's proposed approach appropriate and likely to be effective?</p>		<p><u>review scientific lit</u>  <u>pilot</u>  <u>not sure what EBP they will</u>  <u>do</u>  <u>no timeline - no outcomes on</u>  <u>what one -</u></p>		<p><u>meets</u></p>
<p>7A.2.6.e)</p> <p>1. Does the bidder identify any services for which it will not reimburse due to moral or religious grounds?</p> <ul style="list-style-type: none"> <li>If yes, is there a complete explanation of these services?</li> </ul>		<p><u>none</u></p>	<p>(This response should not be scored. The question is for informational purposes only)</p>	

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*McGellan*

<p>7A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP)</p> <p><i>recovery version</i></p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet</p>
<p>7A.2.7.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe its organization of the Utilization Management Staff, including: <ul style="list-style-type: none"> <li>number of staff?</li> <li>credentials and expertise?</li> <li>the rationale for the mix of expertise?</li> <li>roles of different types of staff?</li> <li>methods to maximize coordination between UM staff and local delivery systems?</li> <li>methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system?</li> </ul> </li> <li>Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</li> <li>Is it clear that the staff will be knowledgeable of the services available in each region?</li> <li>Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate?</li> <li>Are there roles or types of staff which should have been included but were not?</li> <li>Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective?</li> <li>Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective?</li> </ol>	<p><i>physically located in Regions care managers p.49 care managers in DSM but assigned to regions Senior Connect Team cultural competency tool for recovery p.50 4555+FF only new position (special pop) Notes experience in recovery pt, not a lot of EACD Notes can't tell where they are located.</i></p>
<p>7A.2.7.b)</p> <ol style="list-style-type: none"> <li>Did the bidder's <u>other clients</u> for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</li> </ol>	<p><i>didn't describe any other state Notes it reflects similar Phil p.53 only 1 experience Noted.</i></p>

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Masellan

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
7A.2.8.a) <span style="float: right;">p 53 &amp; 54 Attach A</span> 1. Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate? 2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?	<p>Section on recovery services</p>
7A.2.8.b) <span style="float: right;">p. 54</span> 1. Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services? 2. Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests? 3. Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient <u>and</u> effective?	<p>mention cultural sensitive recovery &amp; resiliency  <del>can't tell if 24/7</del>  <del>do increase staff with high volume p. 55 &amp; traumatic events</del>  <u>Meets</u></p>
7A.2.8.c) 1. Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations: i. substance abuse services for pregnant and parenting women? — <span style="float: right;">Need for Residential</span> ii. substance abuse services provided to Enrollees in PMICs? iii. mental health inpatient services provided to Enrollee children in state mental health institutes? iv. Eligible Persons with concurrent need for both mental health and substance abuse treatment? v. Assertive Community Treatment (ACT)? <div style="text-align: center;"><u>Meets</u></div> <ul style="list-style-type: none"> <li>If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted?</li> </ul>	<p><u>Emph Family involvement</u>  <u>Good job on pres &amp; parenting - looked at children &amp; mother</u>  <u>told stories - cultural issue to</u>  <u>Reimburse parents for trans &amp; lodging</u>  <u>if needed</u>  <u>CO-occur authoriz have specialized care managers p. 58</u>  <u>Rural ACT team available 24/7</u>  <u>p. 59 - CO-occur too</u></p>

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Mage'llan

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets    Fails to Meet
<p>7A.2.8.d)</p> <p>1. Did the bidder list any services or levels of care for which prior authorization would not be required? <i>listed includes P. hosp &amp; IOP for SA not m.h.</i></p> <p>2. Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives? <i>yes</i></p> <p>3. Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization? <i>yes - approval</i></p> <p>4. Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives? <i>yes</i></p>	<p><i>Noted telehealth for mh support</i></p> <p><i>Not SA - encourage use for SA too</i></p> <p><i>over utilization gave example interesting because it was higher level of care example</i></p>
<p>7A.2.8.e)</p> <p>1. Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes? <i>meets</i></p> <p>2. Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance? <i>targets based on national standards, state &amp; past perf</i></p> <p>3. Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers? <i>service level &amp; provider specific - automated system</i></p> <p>4. Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers? <i>use of groups of providers formed into collaboratives for waiving</i></p>	<p><i>are developing automated process for prior authorization - would only do high need -</i></p> <p><i>monthly - internal monitor live call provider profile</i></p> <p><i>system - eval of provider utilization data</i></p> <p><i>will offer financial &amp; other rewards for improvement</i></p>

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.f)</p> <ol style="list-style-type: none"> <li>Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"? <i>intergate into medical necessity determinations</i></li> <li>Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ? <i>Not used</i></li> <li>Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for mental health services align with the state's objectives, as put forth in Section 5A.3.1 of the RFP? <i>Yes</i></li> <li>Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need convey a good understanding of how the approaches differ? <i>Yes</i></li> </ol>	<p>strict medical necessity not used in any contracts - gave example of how developed UMG's for peer support</p> <p>Used great example for this</p>
<p>7A.2.8.g)</p> <ol style="list-style-type: none"> <li>Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)? <i>p. 63</i></li> <li>Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate?</li> <li>Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services?</li> <li>Does it appear that this process treats providers fairly and will be effective?</li> </ol>	<p>month of applic. policy - they track eligibility court orders don't need to meet psychosocial/ser need - like keep kids + adults safe</p> <p>just month of application - but what happens if you don't know eligibility might be possible</p> <p>can't tell if claims have to be resubmitted</p>

guess on provider part if person might be eligible because ~~you~~ need to go through authorization process

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.8.h) <span style="float: right;">p. 64</span></p> <ol style="list-style-type: none"> <li>Did the bidder <u>describe how it would provide</u> Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management? <u>didn't describe as well</u></li> <li>Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective?</li> <li>Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective?</li> </ol>	<p>Frequent users or readmissions to 24 hr care - goals listed roles defined between staff <del>use</del> peer support spec. available <del>data</del> listed on results. Use online meetings &amp; all meet can See same thing p. 65</p>
<p>7A.2.8.i) <span style="float: right;">p. 65</span></p> <ol style="list-style-type: none"> <li>Did the bidder describe how it would provide 24 hour crisis management? <span style="float: right;"><u>meets + language</u></span></li> <li>Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective?</li> <li>Did the bidder provide examples of how that service has been provided in other states? <u>None</u></li> <li>Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa?</li> </ol>	<p>24/7 - DSM trained to recognize crisis - care manager joins if emergency Follow-up Crisis plan built into data system Use Pacific Interpreters for language issues <del>No examples in other state</del></p>

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7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B.2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.9.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including: <ul style="list-style-type: none"> <li>how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children? <del>on call</del></li> <li>how the 24-hour crisis and referral service would interface with the emergency crisis service system? <del>Really didn't address how</del> <u>Would use them but</u></li> </ul> </li> <li>Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff?</li> <li>Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise? <u>experience &amp; on call</u></li> <li>Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system?</li> </ol>	<p><u>Iowa based &amp; staffed</u>  <u>Provider search function</u>  <u>but all crisis staff have</u>  <u>5 yrs exp in mhand/sa &amp;</u>  <u>2 yrs with special population</u>  <u>language issues addressed</u>  <u>&amp; deaf</u>  <u>work to advance emer service system</u>  <u>with DHS</u></p>
<p>7A.2.9.b)</p> <ol style="list-style-type: none"> <li>Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services? <u>predictive modeling - daily care management</u></li> <li>Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner? <u>can't tell if it is</u> <u>timely</u> <u>is efficient</u></li> <li>Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment? <u>through day to day care management</u></li> <li>Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective? <u>would have</u> <u>liked an example from</u> <u>another state too</u></li> </ol>	<p><u>explained how predictive modeling</u>  <u>works with adults &amp; children</u>  <u>gave a good example from Iowa</u></p>



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<p>√7A.2.9 Required Elements of Individual Service Coordination &amp; Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)</p>	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.9.c)</p> <p style="text-align: right;">p 69</p> <ol style="list-style-type: none"> <li>Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan? <del>united training</del></li> <li>Does the bidder's proposed program appear appropriate and likely to succeed?</li> </ol>	<p>one person to <del>do not regional</del> will set up <del>corrective</del> consult line written communication</p>			
<p>√7A.2.9.d)</p> <p style="text-align: right;">p. 70 <u>Meets</u></p> <ol style="list-style-type: none"> <li>Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians?</li> <li>Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective?</li> <li>Did the bidder describe how it would assess network provider compliance with the care coordination requirements?</li> </ol>	<p>co-location in child Health spec clinics PCP consult line Telehealth <del>but has it been</del> <del>used</del> web site with info <del>monitor &amp; do action plan - no</del> <del>sanctions listed</del></p>			
<ol style="list-style-type: none"> <li>Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective?</li> <li>Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively?</li> <li>Do the bidder's examples of monitoring efforts document an effective process?</li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians?</li> </ol>	<p>had outcomes in other states related to monitor efforts p 71</p>			

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Sub-Section Score (circle one):	
Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet	
√ 7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)	
7A.2.10.a) <u>872</u>	
1. Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities?	<del>listed experience in 6 states -</del> <del>but no outcomes one says</del> <del>we reduced (how much?)</del> did list Iowa outcomes
2. Did the bidder provide successful strategies for putting in place effective discharge placement from such settings?	got ideas from numerous sources used those in developing strategy
3. Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa?	good strategy, but can't see how they will assure that discharge planning will begin at admission →

developed National White  
paper on topic  
distributed  
use crisis plan  
p. 76

Bidder Name: A Magellan

7A.2.11 Appeal Process (Section 5B.2 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.11.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals?</li> <li>Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification?</li> <li>Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> <li>provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested? <u>5 days</u></li> <li>100% of all expedited appeals will be resolved <u>within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal?</u></li> <li>provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP?</li> </ul> </li> </ol>		<p><u>indep reviewer</u>  <u>written notice within 5 days</u>  <u>expedited 72 hrs</u>  <u>all notices inform of oral interpretation &amp; alternative formats</u>  <u>can't see right to continue to rec. benefits in the letter</u>  <u>5B.2.11</u></p>		

Bidder Name: Magellan

7A.2.12 Grievance and Complaint Process (Sections 5B.1, 5B.3 and 5B.4 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <input type="radio"/> Meets <input checked="" type="radio"/> Partially Meets <input type="radio"/> Fails to Meet <input type="radio"/>
<p>7A.2.12.a)</p> <p>1. Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints?</p> <p>2. Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements:</p> <ul style="list-style-type: none"><li>• Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding <u>treatment programs</u> will be directed to DPH? <u>= will work</u></li><li>• provision of written notice acknowledging the receipt of a the grievance?</li><li>• rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review?</li><li>• 95% of all complaints and grievances shall be resolved <u>within 14 days</u> of receipt of all required documentation and 100% shall be resolved <u>within 90 days</u> of the receipt of all required documentation? <u>within 30 days</u></li></ul>	<p><u>acknw by phone</u></p> <p><u>trend &amp; evaluate</u></p> <p><u>use Recovery Advisory Committee</u></p> <p><u>to analyse</u></p>

p. 82

Bidder Name: Masella

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP) <i>P 83</i>	Sub-Section Score (circle one): Meets With Distinction    Meets <u>0</u> Partially Meets    Fails to Meet
<p>7A.2.13.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons? <i>Maintained &amp; look at capacity for 65+</i></li> <li>Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective? <i>yes</i></li> <li>Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity? <i>not steps in flowchart</i></li> <li>Are the identified potential issues reflective of the current Iowa service system?</li> <li>Are the proposed steps to increase capacity appropriate and likely to be effective?</li> <li>Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals? <i>pa &amp; nursing with</i></li> <li>Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa? <i>Outcomes for Iowa P 87</i> <i>NO other states listed</i></li> </ol>	<p><i>in place so won't do anything on provider network but will focus resources on capacity for 65 - service gaps &amp; new programs</i> <i>use committee to analysis service gaps</i> <i>input from consumers</i> <i>online provider updates P. 86</i> <i>out of network or admit if can't be met in house 86</i> <i>with new access standards 24hrs level of care full out acknowledge</i> <i>needs but not how address</i> <i>mobile counseling</i> <i>didn't take about priority consumers</i> <i>except 65 CHCs have</i> <i>61 sites in 48 counties telehealth</i> <i>wellness coaching telephonically</i> <i>said they'd work with dept. on web based initiatives but no plan or ideas</i> <i>consult line</i> <i>P. 90 say will drive co-occur initiatives but no detail</i></p>
<p>7A.2.13.b)</p> <ol style="list-style-type: none"> <li>Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for: <ul style="list-style-type: none"> <li>the use of telehealth and distance treatment options?</li> <li>provision of child psychiatric consultation services to primary care clinicians?</li> </ul> <i>use same strategies, but enhance</i> </li> <li>Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access?</li> </ol>	<p><i>on open access</i> <i>2.13(a) Nothing on peer support</i></p>

Bidder Name: \_\_\_\_\_

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.13.c) <i>p. 90</i></p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate? — <i>Not Addressed here</i></li> <li>Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of psychiatrists demonstrate effectiveness? <i>addressed in other areas for telehealth here</i></li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities?</li> </ol>	<p><i>Tenn described telehealth &amp; had 50- NO info on how many served PA-co-occur application PA-mobile crisis-outcomes</i></p>
<p>✓ 7A.2.13.d) <i>pat</i></p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of: <ul style="list-style-type: none"> <li>psychiatric rehabilitation services? — <i>started in 1998 &amp; expanded</i></li> <li>mental health self-help and peer support groups? — <i>in Tenn - Outcomes</i></li> <li>peer education services?</li> </ul> </li> <li>Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees?</li> <li>Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services?</li> </ol>	<p><i>self directed care</i></p> <p><i>mental health. sponsored consumer &amp; conferences</i></p> <p><i>16 dual recovery groups in Ia they helped get started. AZ &amp; Tenn - NO outcomes peer educ peer support training - how many attended? Online training exp. both English &amp; Spanish</i></p>

Bidder Name: Magellan

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	<u>Meets</u>	Partially Meets	Fails to Meet
<p>7A.2.13.e)</p> <p>1. Did the bidder describe its experience with contracts that include SAPT Block Grant funding? <u>IA &amp; AZ (new contract)</u></p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? <u>Addressed priority for admission</u></p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with providers for services funded by an SAPT Block Grant?</p>		<p><del>IA</del> + <del>monitor adherence</del> 3 ways per</p> <p>AZ - developed tracking mechanism to track block grant funds</p> <p>AZ developed data base to minimize report burden</p>		
<p>7A.2.13.f)</p> <p>1. Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement? <u>F1 - PA - AZ</u></p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? <u>yes</u></p>		<p><u>meets</u></p> <p>F1 built statewide network within 60 days</p> <p>PA - network 3 month - expanded</p> <p>F00</p> <p>AZ - 60 days</p>		
<p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting?</p>				

Bidder Name: Magellan

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
<p>7A.2.14.a)</p> <ol style="list-style-type: none"> <li>Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement? <u>✓</u></li> <li>Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers? <u>✓</u></li> <li>Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum? <u>not see enrollee satisfaction</u></li> <li>Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report? <u>✓</u></li> <li>Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly? <u>✓</u></li> <li>Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report? <u>action plan - follow-up - depend on needs</u></li> <li>Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective? <u>✓</u></li> <li>Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared? <u>✓</u></li> <li>Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals? <u>Follow-up</u></li> <li>Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels? <u>✓</u></li> </ol>	<p><u>Added principals of recovery to profile report</u> P. 99 <u>Financial incentives &amp; other share perf incentive money with providers p 112</u> <u>50% of the incentive to providers target top 40%</u> 5</p> <p><u>also mentioned NAMS have on line capability principals</u> S #5 #6</p> <p><u>W - enrollee sat. 50% incen</u></p>



Bidder Name: \_\_\_\_\_

Magellan

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction      Meets      Partially Meets      Fails to Meet
<p>7A.2.14.a) (continued)</p> <p>11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?</p> <p>12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?</p> <p>13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?</p> <p>14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?</p> <p>15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?</p> <p>16. Are the proposed methods for sharing best practices likely to support replication by other network providers?</p>	<p>2 examples - outcome in</p> <p>yes but 50% to 40% 5 top providers seems high</p> <p>mentor p. 102 approach</p>

previous p. 52

Bidder Name: Magellan

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.14.b)</p> <ol style="list-style-type: none"> <li>Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5?</li> <li>Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients?</li> </ol>	<p>PA-TV AZ only described PA - but mentioned TN + AZ <del>NO outcomes on PA had data in previous section</del></p>
<p>7A.2.14.c)</p> <p>P. 104 Attach B IA PA</p> <ol style="list-style-type: none"> <li>Did the bidder provide copies of provider profiles employed for two clients?</li> <li>Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP?</li> <li>Did the bidder describe measurable performance improvement that resulted from the provider profiles?</li> <li>Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant?</li> </ol>	<p>Outcomes comparison data shown by county have discussion in each section</p> <p><u>Meets</u></p>
<p>7A.2.14.d)</p> <p>P. 105</p> <ol style="list-style-type: none"> <li>The bidder describe how it would assure the accuracy of ISMART data submitted by the providers of substance abuse services comprehensive?</li> <li>Is the proposed plan appropriate and likely to be effective?</li> </ol>	<p>Retros Review Contract Requirements reports monthly &amp; follow quarterly incentive payment based on J-SMART</p> <p><u>Meets with d</u></p>

Bidder Name: Magellan

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.15.a) <u>P106</u></p> <ol style="list-style-type: none"> <li>Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations?</li> <li>Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations?</li> <li>Did the bidder provide quantified, statistically significant evidence of improved: <ul style="list-style-type: none"> <li>mental health quality – process measures – <u>Follow up rates</u></li> <li>substance abuse quality – process measures – <u>Follow-up</u></li> <li>mental health quality – functional or clinical outcome measures – <u>re-admission</u></li> <li>substance abuse quality – functional or clinical outcome measures – <u>thus.</u></li> <li>mental health quality – consumer-reported outcome measures –</li> <li>substance abuse quality – consumer-reported outcome measures –</li> </ul> </li> <li>Did the bidder's references confirm the bidder's effectiveness generating statistically significant improvement in population health status?</li> </ol>	<p>#3 b.1 - showed pre + post outcomes  #3 b.2 - showed pre + post outcomes  #3 b.3 - pre + post outcomes  #3 b.4 - transitional housing for women - pre + post outcomes  #3 b.5 - RAS - satisfaction survey pre + post outcomes  #3 b.6 - pre + post outcomes</p>			
<p>7A.2.15.b) <u>P108</u> <u>(meets)</u></p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery?</li> <li>Did the bidder's description specify tools, populations, sample sizes, findings, and how the bidder acted upon it findings?</li> <li>Does the bidder's demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings?</li> </ol>	<p>have used 13 diff tools - but mostly limited to mh  <del>Recovery Assessment Scale - outcome</del>  <del>put RAS online to get more timely info -</del>  <del>Recovery tools included</del>  <del>All examples are mh</del></p>			

Bidder Name: Magellan

<p>✓7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.15.c) <u>P. 111</u></p> <p>1. Does the bidder describe an array of different methods by which consumers <u>and</u> family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> <li>• adding consumers and family members to bidder-sponsored quality improvement teams;</li> <li>• using advisory groups or focus groups to advise the identification and design of possible improvement projects, and</li> <li>• using surveys to elicit consumer and family members suggestions and/or feedback.</li> </ul> <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>6 Forums input across all operations will pay for mileage &amp; do phone calls Train</p> <p>both consumer &amp; F. members P. 112 6 additional areas</p>			
<p>7A.2.15.d) <u>P. 114</u></p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality including to:</p> <ul style="list-style-type: none"> <li>• identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and</li> <li>• identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee.</li> </ul> <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p>Enhance Med program</p> <p>depression - schizophrenia &amp; use of controlled substances look at 130 drugs addressed elderly use outreach by nurses or peer specialists</p> <p>Addressed pres. drug abuse in adolescents</p>			

Bidder Name: \_\_\_\_\_

<p>✓ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>		<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction    <u>Meets</u>    Partially Meets    Fails to Meet</p>			
<p>7A.2.15.e) <i>P115</i></p> <ol style="list-style-type: none"> <li>Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan?</li> <li>Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs? <i>Need services first</i></li> <li>Are the opportunities consistent with what the Evaluator might identify as high priority opportunities? —</li> <li>Are the quality improvement approaches described likely to result in improved function and well being for enrollees? <i>yes but services not in place first</i></li> <li>Did the bidder describe approaches to realize two such opportunities in Iowa?</li> <li>Are the proposed approaches appropriate and likely to be effective?</li> </ol>	<p><i>opportunities</i></p> <p><i>Recovery CO-occur</i></p> <p><i>Outcomes children &amp; families</i></p> <p><i>2 detailed was outcome d</i></p> <p><i>QAI - p.116 - would be good to include st constellation</i></p> <p><i>tools in English &amp; Spanish</i></p> <p><i>Real time reporting - incentives</i></p>				
<p>7A.2.15.f) <i>P119</i></p> <ol style="list-style-type: none"> <li>Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups?</li> <li>Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members?</li> <li>Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members?</li> </ol>	<p><i>Meets</i></p> <p><i>ACT - good pre &amp; post data</i></p> <p><i>Peer Support</i></p> <p><i>Had both MH &amp; SA examples</i></p> <p><i>Recovery Center #'s of services</i></p>				

Bidder Name: Magellan

<b>7A.2.15 Quality Assessment and Performance Improvement Program</b> <b>(Section 5D RFP)</b>	<b>Sub-Section Score (circle one):</b>			
	Meets With Distinction	<u>Meets</u>	Partially Meets	Fails to Meet
<b>7A.2.15.g)</b> <span style="float: right;">P121</span>  1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?  2. Does the description include: <ul style="list-style-type: none"> <li>The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered?</li> <li>What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding?</li> </ul> 3. Does the proposed process appear appropriate and likely to be effective?		are develop a co-occur review tool visit all annually described random selection process for refer. block grant selection for P121s says random 4 weeks later rec. letter C action plan use mentors - repeat violators &		
<b>7A.2.15.g)</b>  1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client? <span style="float: right;">meets</span> <span style="float: right;">Attachment C I use</span>  2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?		Counsel noted. recovery noted 6 committee + Rand tables co-occur & peer support mentioned		

Nothing regarding Recovery services

\*6

Bidder Name: Magellan

7A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>P 123</p> <ol style="list-style-type: none"> <li>Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services?</li> <li>Is the strategy appropriate and likely to be effective?</li> <li>Did the bidder describe its experience in implementing such strategies under other contracts?</li> <li>If so, do the other programs appear to be well conceived?</li> <li>Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services?</li> <li>Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members?</li> </ol>	<p>Research &amp; analyze eval tools &amp; look at it on ebp.</p> <p><del>did not limit this to mh prev</del>  <del>early intervention? their plan is</del>          focus on young          lesson learned Maricopa county          target - children - address - adult          with medical needs - over it          P.124          Collaboration          Note both children &amp; SA screen tool          65 older depression &amp; SA tool note</p>

Outcomes  
 put in lessons learned from ADHD pilot for depression  
 screening - had outcomes  
 AZ = SA prev-use in Juwa - adopted Strategic Prevention  
 Framework - outcomes

Bidder Name: \_\_\_\_\_

Magellan

7A.2.17 Management Information System (Section 6.4 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.17.a) <span style="float: right;">P. 129</span></p> <p>1. Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan?</p> <p>2. Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities?</p> <p>3. Does the bidder's response address all of the other requirements of Section 6.4 of the RFP?</p>	<p>ad hoc reports within 2 days claims application is commercial but they own source code preauthor &amp; claims linked meets SAS audit standards new website summer 09 resources dedicated to 654 planned to let providers drill down to data - P. 136</p>			
<p>7A.2.17.b) <span style="float: right;">P. 136</span></p> <p>1. Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application?</p> <p>2. Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective?</p>	<p>Not sure - claim they do but for example line 2376 didn't find functional assessment score or 2381 P. 136 says exceed requirements wish they would say how good reports per month</p>			
<p>7A.2.17.c) <span style="float: right;">P. 139</span></p> <p>1. Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when:</p> <ul style="list-style-type: none"> <li>i. services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant/</li> <li>ii. services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee/</li> </ul> <p>2. Do the references provided by the bidder confirm that the bidder has been able to provide a management information system that meets the business needs of other publicly funded programs that are comparable to the Iowa Plan?</p>	<p>reports Funding Source monitoring - inform provider to bill diff if Medicaid eligible Nothing on women &amp; children issue</p>			



Bidder Name: Magellan

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets    Fails to Meet
<p>7A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ul style="list-style-type: none"><li>1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount;</li><li>2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and</li><li>3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses.</li></ul> <p>2. Did the bidder disclose the source of the capital required? — short term investments: Parent Company</p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p>	<p><i>States clearly interest in Claims &amp; Reinvestment return to DHS end of each quarter</i></p> <p><i>simply says will meet all req of RFP</i></p>
4. Does the bidder's source of capital appear to be sufficient and stable?	

Bidder Name: Magellan

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
<p>7A.2.18.b) <span style="float: right;">P. 140</span></p> <ol style="list-style-type: none"> <li>1. Dis the bidder demonstrate that its organization is financially sound?</li> <li>2. Do the bidder's financial statements and those of any corporate parent support its claims?</li> <li>3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?</li> <li>4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? <span style="float: right;">Attach D</span></li> <li>5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?</li> <li>6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests?</li> </ol>	<p>financial stability matter of public record          Says Magellan carve out for p. sector increase - competitors decrease - What are the #'s</p> <p>parent - guarantor</p> <p>Risk - contracts that can be terminated immed Attach D p. 19</p> <p>No unresolved staff comments</p> <p>P. 31</p> <p>Combined audit 06.10.07 - 08</p>
<p>7A.2.18.c) <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 5px;">Meets</span></p> <ol style="list-style-type: none"> <li>1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP?</li> <li>2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?</li> </ol>	<p>No impact - diversified portfolio</p> <p>321.1 million unrestricted cash &amp; investments 12-31-08</p> <p>Said so</p>

Bidder Name: Magee/Kn

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Sub-Section Score (circle one): Meets With Distinction <input type="radio"/> Meets <input checked="" type="radio"/> Partially Meets <input type="radio"/> Fails to Meet <input type="radio"/>
<p>7A.2.19.a) <u>P.141</u></p> <ol style="list-style-type: none"> <li>Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing?</li> <li>Is the process consistent with the requirements set forth in Section 6.7 of the RFP?</li> <li>Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective?</li> </ol>	<p>12 months Submission 2008 - 99.99 % in 30 days 94.74 in 12 days dedicated staff to Jc Plan</p>
<p>7A.2.19.b) <u>P.145</u></p> <ol style="list-style-type: none"> <li>Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations?</li> <li>Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts?</li> </ol>	<p>in place - exemplary performance Continue have 3 diff state references <del>obviously not on time one wish they would have also talked about one of those states</del></p>

P.141 propose to up process 90% 12 days - 99% 30 days  
100% 90 days - ~~but not doing yet~~ did in 2008  
30 except RFP

CMS Healthcare line 2790 inter. P.142  
Work with providers to submit electronically  
several clearinghouses & Medicaid own web.  
3rd party liability report in  
talk about IDPH funds  
~~didn't see track of paper claims line 2771~~

Bidder Name: Magellan

7A.2.20 Fraud and Abuse (Section 6.8 of the RFP) <i>PMH</i>	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
<p>7A.2.20.a)</p> <ol style="list-style-type: none"><li>1. Did the bidder describe how it will comply with the Departments' Fraud and Abuse requirements?</li><li>2. Did the bidder provide examples of how its internal controls successfully work to prevent Fraud and Abuse? <i>P. 150</i></li><li>3. Did the description completely address the requirements as defined within Section 6.8? <i>—</i></li><li>4. Is the bidder's proposed approach appropriate and likely to be effective? <i>—</i></li></ol>	<i>Supported by corporate who has special investigation unit</i>

Bidder Name: Magellan

**7A.3 Corporate Organization and Experience --- 15%**

*This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.*

*Does it exceed? Y/N?*

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP)	Sub-Section Score (circle one):
	Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
<p><b>7A.3.a)</b></p> <p>1. Did the bidder provide the following information on all current publicly funded managed behavioral health care contracts?</p> <ul style="list-style-type: none"><li>i. contract size: average monthly covered lives and annual revenues;</li><li>ii. contract start date and duration;</li><li>iii. general description of covered population and services (e.g., Medicaid AFDC + SSI, state-only population, mental health, substance abuse, state hospital, etc.);</li><li>iv. the company or agency name and address, and</li><li>v. a contact person and telephone number?</li></ul> <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan? <u>          </u></p>	<p><u>lot of irrelevant information in this section</u></p> <p><u>IA-AZ-FI-NE PA TN - all current except portions of TN</u></p> <p><u>2 Tenn contracts terminated in 3 to 4 yrs of start date</u></p>
<p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so?</p> <p style="text-align: center;"><u>NO</u></p>	

Bidder Name: Masellon

<b>7A.3.1 Organizational Information</b>	<b>Sub-Section Score (circle one):</b> Meets With Distinction <u>Meets</u> Partially Meets    Fails to Meet
<p><b>7A.3.1.a)</b></p> <p>1. Does the bidder provide all of the following (as required by the RFP)?</p> <ul style="list-style-type: none"> <li>• lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel?</li> <li>• the curriculum vitae for the aforementioned executive management staff?</li> <li>• if the bidder is a <u>wholly</u> or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations?</li> <li>• an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner?</li> <li>• if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries?</li> <li>• an organizational chart depicting any subsidiaries in relation to the bidder?</li> </ul>	
<p>2. Are any key positions vacant? — <u>new position</u> —</p> <p>3. Do senior officers appear to be appropriately qualified?</p> <p>4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract?</p> <p>5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder?</p> <p>6. If the organization is a partnership, is the line of authority clearly delineated?</p>	<p>— CFO currently corporate w/ hire Ia based one</p>

Bidder Name: Magellan

7A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.3.2.a) <u>P. 12</u></p> <p>1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?</p>	<p>Subcontract SAME DR TOOK</p>
<p>7A.3.2.b) <u>meets</u></p> <p>1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest?</p> <p>2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest?</p> <p>3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):</p>	<p>both above paid a fee for service No profit share or fee Split - Nothing back to Magellan</p>
<ul style="list-style-type: none"> <li>• a change of the distribution of referrals or reimbursement among providers within a level of care?</li> <li>• referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship?</li> <li>• preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship?</li> <li>• different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship?</li> <li>• distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship?</li> <li>• substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care?</li> </ul>	<p>contracts available upon request</p>

Bidder Name: \_\_\_\_\_

*Masellen*

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
7A.3.3.a)  1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)? <ul style="list-style-type: none"> <li>During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination.</li> <li>During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number.</li> <li>During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder.</li> </ul>	<p><i>7A.3 P. 13</i></p> <p><i>NO termination</i> <i>NO default</i></p> <p><i>9 listed. 20 penalty or incentive withheld</i> <i>3 in 07 2 in 08</i> <i>MBC of Iowa - had 3</i> <i>NONE in 07 &amp; 08</i></p>
<ul style="list-style-type: none"> <li>During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP.</li> <li>During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances.</li> <li>The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.</li> </ul>	



Bidder Name: \_\_\_\_\_

~~John~~ Magellan

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a) (continued)</p> <p>2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?</p>				

Bidder Name: Magellan

**7A.4 Project Organization and Staffing - 15%**

*This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.*

Does it exceed? Y/N?

10 pages

7A.4.1 Organizational Chart	Sub-Section Score (circle one):			
	Meets With Distinction	<u>Meets</u>	Partially Meets	Fails to Meet
<p>1. Did the bidder provide an organizational chart that demonstrates:</p> <ul style="list-style-type: none"><li>a) the bidder's corporate structure?</li><li>b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure?</li></ul> <p>2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?</p>	<p>47 Clinical Management Can't see for total</p>			

~~dev. 10 new training modules dedicated to recovery & resiliency concepts~~

~~prefer to hire dually licensed mh & ss~~

~~2 co-occur specialists~~

~~Section for spec population~~

~~Peer Support Specialist - SA~~

~~EO just BA~~

~~1 person dedicated to DPH~~

~~some SA & mh but most exp in behavioral health settings~~

all of these comments go under 7A.4.2

Bidder Name: masellon

7A.4.2 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<ol style="list-style-type: none"> <li>Does the chart or other presentation provided by the bidder clearly show the following?               <ol style="list-style-type: none"> <li>every position which would be working on the Iowa Plan?</li> <li>the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations?</li> <li>the reporting relationships between those positions?</li> <li>the credentials required of individuals to be hired for each clinical and management position?</li> <li>the office locations of each individual?</li> </ol> </li> <li>Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</li> <li>Are adequate resources dedicated to serving DPH Participants?</li> <li>Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</li> <li>Are the <del>UM, QA, claims and systems</del> senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</li> </ol>	<p>See previous page</p>			

Bidder Name: Masellon

7A.4.3 Chart or Other Presentation	Sub-Section Score (circle one):
	Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"><li>a) the subcontractors (excluding network providers) who would be working on the Iowa Plan?</li><li>b) the responsibilities of those subcontractors?</li><li>c) special skills of those subcontractors?</li><li>d) the location of the office of each subcontractor from which they will provide their subcontracted services?</li></ul> <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p>3 sub contractors</p>

Bidder Name:

~~Valve~~ Magellan

7A.4.4 Financial Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the Bidder provide the following information:</p> <ul style="list-style-type: none"> <li>audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments?</li> <li>a minimum of three written financial references including contract information?</li> </ul> <p>2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?</p> <p>3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?</p> <p>4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?</p>	<p>—</p>			

Bidder Name: Magellan

7A.5 Budget Worksheet and Narrative - 10% This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N? Narrative 2 -

7A.5 Budget Worksheet and Narrative	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	12.5%			
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	2.9%			
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none"><li>• services that would benefit eligible persons?</li><li>• services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? (this question is to assess internal consistency within the bidder's response)</li></ul>	CO-occur & Recovery 65 - Kids crisis p.2			

Want to use Savings FROM #2 FOR  
an IDPH reinvestment fund  
CO-occur

NO recovery under  
Medicaid fund  
is under  
MH

Bidder Name: Magellan

7A.6 Required Certifications	Sub-Section Score (circle one): Meets With Distinction <u>Meets</u> Partially Meets   Fails to Meet
1. Does the bidder include all the required certifications? (Y/N) <ul style="list-style-type: none"><li>• RFP Certifications and Mandatory Guarantee</li><li>• Release of Information</li><li>• Mandatory Requirements and Reasons for Disqualification</li></ul>	